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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>107088085</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1		1		51		
2		1		1		1	52		
3		2		2		1	53		
4		2		2		1	54		
5		2		2		1	55		
6		2		2		1	56		
7		2		2		1	57		
8		2		2		1	58		
9		2		2		1	59		
10							60		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1				1		TOTAL IND.		
TOTAL DEP.		4		2		2	TOTAL DEP.		4
TOTAL CLAIMS	10				3		TOTAL CLAIMS		4